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ABSTRACT

This document examines how societal values regarding child care provision in the United States have influenced past and present child care policies and discusses how these values may affect future policy formation. In Part I, the development of child care policy is outlined in terms of five historical periods, each of which is analyzed along the dimensions of responsibility, control, scope, and quality. Pre-1909 is characterized as a period in which national recognition of public child care needs was minimal. During the period 1909 to 1932 attention paid to the welfare of children and families led to the enactment of modest national legislation which affected child care. From 1933 to 1946, child care programs were established for specific purposes of limited duration. The years 1947 to 1960 witnessed no national support for public funding of child care. From 1960 to 1980 national responsibility and control of child care programs increased, and enactment of policies for specific groups influenced legislative attempts to extend child care support to a broad group of children. In Part II, the question of whether government should assume a long-term responsibility for child care provision is addressed in terms of potential policy directions, the policy-making process, and those individuals and groups who are influential in directing policy formation. In conclusion, directions which child care policy might take during the 1980s are suggested. (Author/DB)

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National Child Care Policy: Past and Present Influences on Future Directions

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Doris Bergen Sponseller
November, 1980

Introduction

No sustained, comprehensive, or well-articulated national policy for child care exists in America, even though national decisions have affected children's care since the early 20th century. The reason why national child care policy has been of such a patchwork, inconsistent and temporary nature can be partially explained by examining a value dichtomy in American society influencing these policy decisions: the place of family versus state responsibility and control over children. A critical analysis of the influence of this value dichotomy is essential if policy makers and advocates are to develop a clear national policy stance.

The basic value assumption regarding child care in the United States is that responsibility for the care of children belongs to the family rather than to the state. At the same time another American value assertation is the state's responsibility to be watchful of the needs of its citizens and to promote their welfare through government action. A child, as a citizen--or at least a potential citizen--needs care. When a child's need for adequate care is not being met by the family, the state's responsibility is to respond. Each effort by the government to meet the needs of a child or children collectively, however, must risk a change in the responsibility and control level of parents. Greenblatt (1977), citing Calhoun (1919), calls this the conflict between "familial parenthood" versus "social parenthood." (p. 5)

Public Involvement: Family Versus State Control and Responsibility

The following questions are concerned with this basic debate:

1. What is the responsibility of parents towards child care? When, and to what measure, should parents relinquish control?
2. Conversely, what is the responsibility of the state toward child care? When, and to what measure, should government assume control?

National opinion expressed by the values of a majority of citizens, continues to weigh at the family end of the continuum; that parents should have both the responsibility for and the control of child care. Needs of children and families, however, have often required the national government taking some responsibility and control. These needs are increasingly evident and national response to child care issues must move along the continuum toward increasing the public's responsibility and control. To assist government decision-makers, there is a need to articulate, adapt and promote a national child care policy--an agreed upon direction for public involvement in child care. Some groups are presently engaged in this process.

When the state assumes a measure of responsibility for, and control over, child care, two corollary value issues emerge: issues of scope and of quality. Should the scope of public involvement be broad or narrow? Should the quality of care be maximal or minimal? And is

there a consensus point--considering both philosophical and economic issues--on which to anchor a national child care policy?

Public Involvement: Broad vs. Narrow Scope

Policymakers, debating a broad versus narrow scope position, must focus on the following questions:

1. Should public responsibility for child care be universal (concern with care for all children) or specific (concern with different groups of "needy" children)?
2. Should the range of public child care services be wide, including health, education, social services, etc., or focused only on care provisions?
3. Should public involvement be short or long term, i.e., only in emergencies or as a sustained commitment?
4. Should government control and regulation be extensive or as least intrusive as possible?

Historically, public involvement in child care has been for specific groups or for temporary time periods, provided to "problem" or "needy" families or established in times of national, economic or defense crises. Although decisions on the range and regulation of services have been erratic, most national child care decisions appear to reflect a narrow scope position.

Public Involvement: Maximal vs. Minimal Quality

The second corollary value issue, maximal or minimal quality of care, also grows out of the assumption that public involvement is appropriate. The following questions must be addressed in the maximal versus minimal quality debate:

1. Should public involvement in child care attempt to meet basic care needs as a service to parents or optimum care needs to maximize child development?
2. Is a variation in quality level acceptable depending upon the goals and type of care program established?
3. Should this determination of quality be based on the type and range of services, i.e., program input, or be evaluated by measuring the beneficial child effects or the beneficial family effects, i.e., program output?
4. Should the adults providing care have a measurable level of experience, training or performance, that is, should the level of staff quality be a condition of care quality?
5. Should public control and regulation of programs be focused on minimum standards, or should public

involvement attempt to influence maximal quality?

National support of child care programs has often been justified by stressing the value to adults--the benefits to parents or to society in general--rather than the value or benefit to children. As Smith (1978) states, thi. nation records "a history of rationalizing children's programs and services by presenting them as essential to some group other than the children." For this reason, national child care policy has never attempted to reach an optimum level of maximizing the development of all children.

The value dichotomy--family versus governmental responsibility and control--has substantially affected the type of child care, both public and private, provided in this nation. Because of a national reluctance to remove responsibility and control from parents, it has usually been necessary for the state to justify any public provision of child care resources by some statement of parental problem or need. As a result, eligibility criteria for government programs have often been narrowly defined and perjorative. Because the range of services offered are specifically planned to ameliorate the perceived family problem, programs usually have had a temporary tenor and reflected a custodial emphasis. Government rules and regulations have been specific to public programs which are categorical resulting in a "two-track" system with different goals, different quality criteria, and different

scope emphases between programs serving families in certain categories and those serving families who have not been designated as in need of child care public assistance. Governmental reluctance to be involved in financial support for child care for all children whose families want care differentiates care options on an ability to pay basis.

The purpose of this paper is to illustrate the influence of value positions of past and present national child care policy and to discuss how these values may affect the advocacy and decision-making process in the future. Part I outlines the development of child care policy in the nation along the dimensions of responsibility and control, scope, and quality. Part II discusses potential policy directions, the policy process, and those policy actors influencing the process. The conclusion addresses the directions which child care policy may take during the next decade.

Part I: Past Status of Child Care Policy in the Nation

Five major periods in national child care policy can be identified: The first (before 1909) is characterized by little or no national recognition of public child care responsibility; the second (1909-1932) by initial national attention to children and families and the enactment of modest national legislation affecting child care; the third (1933-1946) by establishment of child care programs for specific purposes of limited duration; the fourth (1947-1960) by retrenchment

to a no support policy, and the latest (1960-1980) by enactment of policies for specific groups, which influenced legislative attempts to extend child care support to a broader group of children. Each period is described briefly and viewed on the control/scope/quality dimensions.

Before 1909

Although parents have traditionally held control over the child rearing process, parental surrogates also assisted in the care and rearing of children. These included the kinship network as well as friends and neighbors. Religious institutions, often delegated the parental task, provided care and education to orphans and poor. Two types of secular programs for children under six also began in this century: "care" programs and "educational" programs.

In 1838, a care program called an "infant school" served children of immigrant poor in Boston. Immigrant families, unable to care for their children were giving them up to institutions. Group care during the day was seen as a more humane solution. This program, "the first secular expression of social parenthood" (Greenblatt, 1977, p. 20), was developed to prevent child neglect, at the same time it also hoped to "Americanize" the immigrant children.

In 1854, another care program called a "day nursery" began in a New York City hospital. Initially staffed by nurses, the nursery

program provided support for working mothers who were former patients. The day nursery concept grew throughout the nation. Upper class women served on the boards of directors and acted as volunteers. Focusing on potential neglect situations, the day nursery attempted to strengthen the family and prevent neglect and juvenile delinquency. Often these programs admitted only fatherless children. Volunteers served as "family visitors" who worked with the family to assist with problems. A day nursery was also established in Philadelphia during the Civil War to care for the children of the women workers whose husbands were at war. By the end of the century, there were about 200 day nurseries in the country. (Hymes, 1978) Proprietary care programs also began during this period.

An educational type of program for young children, the kindergarten, began in 1948. Initially serving needy children, this program, because of its educational theory and purpose, soon attracted middle class support. The first public funding of kindergartens began in St. Louis in 1873. Kindergartens spread differentially, gaining increasing financial support from some state governments. However, public kindergartens are still not financially state supported throughout the nation, and most state laws are permissive rather than mandatory regarding attendance.

During the 1800's, care programs, such as the infant schools and

day nurseries, were organized and supported by local philanthropic groups. These programs were specific to "needy" or "problem" families; criteria for admittance was defined by the care-providing group. The primary purpose of these programs was to prevent neglect. These programs were seen as serving the national interest by providing care for children, allowing mothers to work to support their families and socialization to the American culture for immigrant children. National, state, and even local regulations of care programs were usually nonexistent. Kindergarten programs, educational in nature, attracted middle class interest and in some states, government funding.

In relation to the control/scope/quality dimensions, the early child care programs exemplified the following values:

Control/Responsibility

-Non-parental control of child care should occur only if the family is not normal (in extreme financial need, from immigrant background, lacking father, mother working), i.e., the parents are unable to care for their children appropriately.

-Religious or secular charitable agencies, not the state or federal government, should assume the role of parent surrogate.

Scope

-The scope of service should be specific to those

families needing assistance and should include services necessary for dealing with the family problem.

Quality

-Programs should be primarily established to prevent the neglect of children, although "educational" goals directed toward the national interest (such as Americanization) are acceptable. Some children may participate in programs with educational goals (kindergartens) if local governmental units deem it appropriate.

-State or federal regulation of programs is not necessary.

1909-1932

During this period national attention began to focus more directly on children's need and services. The first White House Conference on Children was held in 1909. At this conference, concern for children who were not receiving adequate care because of parental problems or poverty was expressed. It was proposed that aid should be given to mothers, enabling them to remain home and to eliminate the need for surrogate child care. In 1911, the first mother's pension law was passed in Pennsylvania and by 1913, twenty states had enacted such pensions. Payments, however, were so low that mothers still continued to work (Kerr, 1973).

The Children's Bureau, established in 1912, was primarily an

informational unit, to investigate and report on factors affecting families and children. The Bureau stressed infant and maternal mortality issues, aid to mothers with dependent children, control of juvenile delinquency, and institutional care of orphans and abused or delinquent children (Children Today, 1972). The Bureau advocated subsidizing mothers rather than public child care systems. The Bureau was instrumental in passage of the first federal law, The Maternity and Infancy Act of 1921 which provided grants-in-aid to states for health care services to infants and mothers.

In the 1920's, the nursery school movement developed. This movement had an educational/developmental rather than a welfare/ custodial focus. Although some focused on low income children, most nursery schools, supported by tuition fees, served middle income families. Programs within this movement included proprietary kindergartens and nursery schools, cooperative nurseries, university and other private training laboratory schools.

Although some day nurseries attempted to become more like the nursery school with emphasis on developmental or educational activities, most day nurseries continued to be custodial programs (Hymes, 1978) Middle class working mothers who were attracted to full-day day nursery programs were often excluded by the eligibility criteria or the social work screening. Increasing case work practice approaches

gave these programs a greater social welfare orientation. Day nurseries continued to serve primarily low income parents or families with problems. The distinction between day care and nursery school was hardened, if not always in actual program, at least in popular image.

Regulation of all programs for young children was still minimal during this period. State regulation developed first in institutions; no regulation was deemed necessary for part-time programs. In 1924 the Detroit Department of Public Health initiated local regulations. Funding during this period continued to be from philanthropic sources for day nurseries and from parent fees for nursery schools. Some kindergartens received state support.

State support for young children's care came primarily through mothers' pensions. Because the need for child care was not perceived as impinging on the national interest during World War I, national funding of out-of-home child care was not proposed. Mothers who worked during this period found philanthropic child care centers or private paid or unpaid care.

This period continued to support most of the values of the earlier period but differed from the earlier period by movement toward some expression of state responsibility and concern, greater scope and higher quality. These additional values were exemplified as follows:

Control/Responsibility

-National responsibility for children and

families should be met by empowering governmental and private organizations to speak out on child care issues.

-Subsidization of the family rather than provision of surrogate child care should be the preferred public involvement method.

Scope

-Private educational programs should serve the needs of children of middle class non-working mothers while children of low income and working mothers should be served by philanthropic and social welfare agencies which focus attention on family problems.

Quality

-Interpretation of the quality of child care should be divided along these "school" vs. "care" lines (Ginsburg in Hymes, 1978).

1933-1946

During this period two national emergencies--the Depression and World War II--affected child care in terms of national responsibility, scope and quality. In 1933, the Federal Emergency Relief Act, later called the Works Progress Administration, provided federal funds for child care. However, the "justifiable" major purpose of the WPA care

programs was not the child care itself, but to provide a setting for the employment of teachers and others who were out of work during the depression. In addition to this adult-focused goal, the programs were planned to serve low income families and provide education for children. They usually included food and health services, such as immunization. Between 1934 and 1935, which was the peak enrollment year, 75,000 children were enrolled in 1,900 programs. In 1942, there were only 39,000 children in 944 programs (Hymes, 1978). Although these programs were popular and of higher-than-minimal quality, and although they served the needs of many low income families, when the economic crisis passed, federal funding was cut and most programs disappeared. Funding was not absorbed by the state governments.

The Social Security Act, in 1935, was another course of funds assisting parents in caring for their children during the depression. Title V of the Social Security Act allowed grants for child welfare services, beginning a national focus on aid to dependent children. State agencies were required to manage the delivery system.

When World War II was declared, the war effort was supported by women workers. As part of the Community Facilities Act, the (Lanham Act, 1942) legislative authorization to build child care facilities and to offer child care programs for working mothers was given. Direct grants were provided to local communities on a

50-70% federal match basis. Because parents also contributed a fee, this program was not specific to low income families. Although the Act was administered under the Federal Works Agency, most programs were in public schools, operating a full day (7:00 a.m. to 6:00 p.m.) and, in some instances, open evenings and weekends. In 1944, at the peak of this program, 129,000 children were in care (Womens' Bureau, 1971). Hymes (1978) states, "The Lanham program was distinctive because it was the first to receive massive federal support for day care." (p. 25) In some cases, these programs were revisions of the recently discontinued WPA programs. The Farm Services Bureau also served migrant workers in rural areas.

Federal subsidy of industrial day care was provided during this war period. Two industries, Kaiser and Curtis-Wright, developed extensive child care programs. Kaiser's program provided full-day care, including evening care, at two centers adjacent to their shipyards. During the program's peak year, 1944, approximately 1,000 children attended each week. These industrial site programs were comprehensive. With extensive equipment and highly trained staff, they served children as young as 18 months of age (Womens' Bureau, 1971).

The Children's Bureau did not actively support the child care programs established at these times, and was especially fearful of child care out of the home for infants. The Bureau opposed maternal

employment generally, and group day care in particular, especially for children under three years. (Greenblatt, 1977) Once the national emergency was passed, Congress and other governmental units again appeared to agree with this position, and funding was discontinued even though working mothers and child advocates conducted extensive lobbying for its continuance. Greenblatt states that with the return of men from the war, " ... ambivalence toward maternal employment returned to the forefront of federal policy." (p. 64) California was the only state to provide funds to continue child care programs.

The programs developed during this period had a number of factors in common which extended public involvement while attempting to reconcile it with past value positions. The following values were exemplified:

Control/Responsibility

-Publicly funded and developed child care should be provided as a temporary expediency designed to meet national needs and solve adult problems.

Quality

-Although adult needs provide the reason for programs, the programs should try to serve children's needs at a maximal quality level.

Scope

-Nationally funded programs should serve not only children of non normal (poor and problem) families,

but should also serve children whose "normal" family life was disrupted by unemployment or military needs.

1946-1960

During the period from 1946 to 1960, Congress did not provide funds for child care. National stress, promoted by the media, was on necessity of maternal care of children in the home. However, criticism of the Aid to Dependent Children program established by the Social Security Act led to an amendment, in 1956, designed to foster low income mother's employment. Provision of day care for employed mothers was included in the amendment.

Both low income and middle income mothers of young children continued to work after the war. Because the need for child care was no longer met by publicly supported programs, there was an expansion of proprietary day care programs. By 1960, 64% of all center-based child care was provided by proprietary programs. Only 2% of the children needing care were in such programs. (Greenblatt, 1977) For the most part, the children of working mothers were in unlicensed and unregulated forms of care. Although proprietary care was often at minimal quality levels, there was no national support for public funding. There was some increase in state regulation of day care; for example, Michigan's first regulatory law was passed in 1944.

The expediency value position and a restressing of earlier value

positions were voiced during this period.

The underlying value stance was as follows:

Control/Responsibility

-The government should not have responsibility for funding child care in periods when no national emergency is evident.

-The government should emphasize subsidization of the family, rather than child care provision.

-When mothers work, they should have the responsibility for finding and paying for child care.

Scope

-Nationally funded programs should be reduced, rather than expanded.

Quality

-While it is best for most children to be cared for in their home by their mothers, public assistance mothers should be encouraged to work.

-The level of care quality as expressed in regulations and fund allocation should be decided by the individual state governments.

1960-1980

This period began with a number of legislative movements increasing national responsibility and control of child care programs. In 1962,

amendments to the Social Security Act delegated states to offer day care services to welfare recipients. Day care was seen as a method of providing social service and fighting poverty by enabling welfare mothers to become part of the work force. States could purchase child care services from existing sectarian or secular agencies, or from proprietary programs, but could not deliver direct services since they would compete with existing programs. Because funds were only available to programs which met state licensing regulations, states were encouraged to develop regulations. Cooper (1976) states that this mandate was "... the first explicit federal effort to require minimum standards for day care ..." (p. 11)

Other legislation of this period--the Economic Opportunity Act (1964) and Title I of the Elementary and Secondary Education Act (1965)--both provided funds for public support of developmental or educational programs for young children. Headstart was the result of EOA, Title I compensatory education preschools were developed through ESEA. In both cases, the Acts did not speak directly to child care. Their stated purpose was directed toward a national need to break the cycle of poverty and relieve the government of welfare costs and mushrooming social and educational services. Both programs focused on 'disadvantaged' - that is, "needy" or "problem" families. Headstart required parent involvement in the decision-making process, extending the parents' authority over the child's care outside the home. Title I eligibility criteria was based on the percent of low income families in

the school district. Although the language of the law seemed restrictive, the percent requirement was so low that most districts qualified. Therefore, the law actually moved toward opening national funds for young children's programs to most areas of the country. However, because of the great latitude left to local school districts, use of funds for child care programs has been capricious.

In 1968, an amendment to the Social Security Act established the Work Incentive Program (WIN) which emphasized child care assistance as an aid to employment. Child care was specifically designated as a supportive service for the purpose of getting families off welfare. In 1971, further revisions to the Social Security Act made the choice of working or staying home no longer an option for mothers of children above preschool age. Welfare mothers must register for work or for training. Mothers of children younger than school age, however, are not required to work, although many do register for employment. If they are employed or in training, they are eligible for child care (U. S. Department of Labor, 1976).

In 1967, an amendment to the Economic Opportunity Act, required that federal regulations for child care be developed (Cooper, 1976). This resulted in the first set of Federal Interagency Day Care Regulations. In 1974, a revision of the Social Security Act, Title

XX, was passed. One of its provisions made compliance with the federal regulations a condition for receiving federal aid. Controversy over the content and the stringency of the regulations resulted in a postponement of enforcement and in a planned revision after an appropriateness study.

Title XX was a revision of the Social Security Act which attempted to give greater jurisdiction to states over their use of social service funds. Because day care is only of the services for which such funds can be used, it must compete with other social services such as medical and youth services for funding. Use of Title XX funds for day care has been erratic among states because of the nature of the requirements. Some states have chosen the option of using Title IV A funds which provide less service but involves the state less in regulation and monitoring. (For an analysis of problems with Title XX, see Morgan, 1977.)

In 1971, the Comprehensive Child Care Bill was approved by Congress (Department of Health, Education, and Welfare, 1976). It authorized money for comprehensive child development services, including day care facility construction and renovation, program operation, staff training, research and administration. Prime sponsors were local agencies with parent representation on the policy boards. Low income families were eligible for day care without costs; however, a sliding

scale made day care services possible for a range of income levels. This bill was vetoed by President Nixon who called it, "The most radical piece of legislation to emerge from the Ninety-Second Congress" and cited its "family weakening" implications (Keyserling, 1972).

In 1975, Mondale and Brademus introduced a similar comprehensive legislation, but with less extensive funding and narrower goals. The Mondale and Brademus bill made state governments prime sponsors. The public versus private sponsorship issue caused conflicting viewpoints to surface among child day care advocates. A major mailing campaign, launched by conservative groups and private day care proprietors opposed the bill and it failed in Congress.

In 1978, Cranston introduced another child development bill, even less extensive than the Mondale and Brademus version. It attempted to resolve the public/private sponsorship controversy by returning to a variety of prime sponsors. Opposition surfaced early and child care advocates were not able to mount strong counterforce. Cranston cancelled hearings and no further action on comprehensive legislation has occurred since that time.

The only comprehensive bill passed was the Education of All Handicapped Act of 1977. This bill required the establishment of educational programs for all handicapped children from age 3. It resulted in a proliferation of preschool programs for handicapped

children, programs developed by public schools, other public agencies, or proprietors. The mandate has not yet been met in many states.

The Tax Reform Act of 1976 assisted parents with child care in another way. Child care costs could be deducted as work or school training expenses whenever the caregiver's earnings were subject to social security tax. There was no reimbursement method for parents who used informal care arrangements. Child care costs differed from other business expense deductions because actual costs were not deductible. Instead, a ceiling was imposed, allowing only a small portion of costs to be deducted. (U. S. Commission on Civil Rights, 1979.)

This period reflected movement toward rethinking the national responsibility toward child care. The underlying value dilemmas still exist, and these basic conflicts are highlighted in the legislation which was passed, and in that which failed.

In relation to the control/scope/quality dimensions, the events reflected the following values:

Control/Responsibility

-The national government should assist some parents in their parenting role and serve a social parenthood role for those parents.

-Familial parenthood should be broadened to include decision-making and control over some groups of children in care settings.

-Type of national child care funding responsibility

should be different for different groups of citizens, with public assistance families and non-assistance families having different types of funding and meeting differing levels of requirements to gain assistance.

Scope

-National care programs for poor or problem families should differ in scope of services depending on the purpose of the program and the funding method.

-The scope of child care should be increased in terms of numbers of children served, but in a way which encourages proprietary as well as public options for families.

-All children and families who need child care should not be a concern of the society.

Quality

-State and national governments should take responsibility for developing and enforcing regulations that provide for a minimum level of quality care for all children.

-Commitment to higher than minimum quality levels should be expressed in national documents and in federal program guidelines developed for directly funded programs even if they are not enforced.

Part II: Child Care Policy for the 80's

National policy, in the next decade, will likely be directed toward more public responsibility for child care. The traditional value stance is still strongly advocated in every national legislative proposal, but the need for assumption of responsibility for children's care by the nation is also increasingly expressed. This expression usually takes the form of a basic statement on the importance of the family, coupled with the assertion that social parenthood is an asset to familial parenthood. (Bronfenbrenner, 1970, 1976; Keniston, 1977.) Statistics on the number of working mothers and on the 'breakdown of the normal family' lend support to the need for child care assistance.

The first question which must be answered for the 80's is whether the government should assume any long term commitment to responsibility for the care of children. The nation has shown gradual but vacillating movement in this direction. There is not yet a clear citizen consensus and, in fact, there is presently vocal opposition by some groups to movement in this direction. A second question is whether, if this responsibility is acknowledged, it should extend to all children or only to some. Although there has been some movement toward broadening the scope, expression of the value that responsibility should be extended has lagged behind the actual scope of assistance.

If the nation's value position clearly indicates that government responsibility for the care of all children is of concern, then the question is how to best fulfil this responsibility, given the resources available. If the position is established that government responsibility extends only to some children, the major question is how to fulfil this responsibility in a way that does not result in perjorative categorizations or a two-track system.

The nation may not yet be ready to answer these questions. It may be that national involvement will continue at its present ambivalent level for some time. In order to look at the possibilities for the 80's, however, an overview of the possible directions child care policy could take, if commitment to national responsibility were to increase, is presented here.

Potential Child Care Policy Directions

If federal involvement in child care support is to increase, the direction the support will take will be based on how the state versus parent responsibility and control issue is resolved, together with determinations of the public responsibility toward scope and quality. National policy could move primarily toward indirect child care provision, i.e., strengthening the financial status of families who then take care of their own child care needs, or toward direct child care provision, i.e., providing actual alternative care systems.

The following is a presentation of three possible policy options affecting indirect care provisions and three options providing direct care. Of course, many compromise positions between direct and indirect care provisions are also possible. The six possible directions are outlined, and their relationship to the value continua are described.

Indirect Child Care Provisions

In this approach, state responsibility for child care is seen as primarily as an economic responsibility. It could take the form of direct subsidies, indirect financial incentives to families, or incentives to employees, or there could be more indirect economic incentives to encourage child care 'work leaves' or to institute flexible work schedules, part-time positions, etc. Although this option assumes a high level of state financial responsibility, it also assumes that the type of care provided is totally a parental decision and that governmental assistance is not necessary to provide child care facilities, i.e., state responsibility is high, control is not. Scope eligibility would be broad if the commitment were to all families; if only some families were included, the scope would be narrower. Quality questions would be decided by parents with at most state minimal regulation levels. Centers would open in response to market demand; thus, the proprietary system of care would be expanded.

Policy options which stress indirect child care support include the following:

1. Direct financial aid to families, with no provisions requiring the work or training of mothers, or recommendations on the use of familial or non-familial child care. This aid is in the form of a subsidy per child or a grant based on income. Such aid is similar to the "mother's pensions" enacted during the early 20th century and the early aid to dependent children legislation. Whether all families receive a subsidy for children (as in some European countries), or whether this policy is focused only on low income or problem families, is a scope question that needs to be determined. The level of funding, of course, must be "adequate," that is sufficient to (1) allow at least one parent to remain home, or (2) pay private child care providers. The state would provide no child care services.
2. Financial incentives offered to working parents to care for their own children. This policy would provide financial incentives to parents (such as maternity

and paternity leaves, part-time and flex-time work, etc.) or to the industrial sector (tax write-offs to provide workers with those options). Children's care needs are controlled by their parents. The assumption behind this approach is that at least one parent would prefer to stay home while children are young, or that both parents might alternately share this option. It assumes that non-familial child care would not be necessary. Focus is on traditional family support, not assisting non-traditional options.

3. Financial incentives offered to parents which provide for non-familial day care if the parent goes to work. Currently, a tax cut provision allows payment for day care to be considered an "expense" if the parent is working or training for work. This program supports parental work through financial assistance for child care. Also, the present social security pattern provides child care assistance but requires registration for work or training for work. This program supports the assumption that once the parent is working, direct public support of day care costs might be lessened, since the working parent could then obtain tax credit. Whether full-time employment or high enough salaries are real possibilities for many welfare recipients is questionable.

> In the tax credit system, the state has no involvement in parental decisions regarding type of care; in the care dollars provided to welfare recipients, major control is over eligibility issues with state controlling the type of care provided.

Direct Child Care Provisions

State responsibility would involve the development of non-familial child care sources, rather than relying on the "market" to do so. This approach brings public and private sources into competition. By providing alternative care systems, child care responsibility is shared by the state. This approach results in active national responsibility for the number and types of child care facilities available, and at least some measure of control over the quality of the care. The state might provide grants to develop programs and/or build facilities or encourage additional child care sources. The national value of parental responsibility for children might be kept by maintaining provisions of parental decision-making involvement similar to that in Headstart or proposed by the "comprehensive bills" which extended parental responsibility and control toward a group of children. This requires parents to share control of their child with the governmental unit and with other parents in the community. Of course, the policy could stress, instead, that in order to have public child care, parents must relinquish some of their control

and responsibility to the state. Policy options which stress direct child care support include the following:

1. Direct provision of day care services to specific groups, for specific purposes, of for specific, limited time period. This policy of categorical funding has been held by the federal government in the past, i.e., WPA, Lanham, Headstart, etc. However, when direct provision of care is narrow in eligibility scope, the two-track system prevails. Parents not qualifying for public service programs still must have their needs met by proprietary programs. Limited categorical funding prevents a full-scale conflict between private or public provision of services.

2. Direct provision of day care services with funds available for a variety of sponsoring groups. The Comprehensive Child Development bill was characteristic of this approach. Both public and private groups compete for funds. Prime sponsors design programs to meet local needs. Low income children are targeted, but other income level families utilize services by payment according to a sliding scale, thus avoiding the

two-track pitfall. The level of quality depends on the criteria set in the legislation.

3. Direct provision of child care services by funding a designated sponsor, such as the public school. This approach utilizes the facilities and resources of an already existing children's service system. Although this system does not prevent private programs from operating, funds are not made available to them. This continues the conflict between public and private programs and eliminates private programs as an option to most parents. The level of quality hinges on the criteria set by legislation. A direct approach, such as this option is most likely to result in a universal child care support system.

Which direction policy decisions on child care will take in the 80's depends upon how well proponents of various positions are able to develop proposals addressing the issues concerning the responsibility for and control over child care, the broadness or narrowness of program scope, and the level of quality which should be met.

Although the early 80's may see less movement toward national involvement, it is likely that the nation's responsibility for and control over child care will reach some higher level of commitment by

1990. The nature of the support, and whether it will be justified on the basis of benefits to adults or children, will depend on the ability of child care advocates during this decade to work within the policy process to influence child care policy.

A major lament of those persons seeking to influence child care policy in the past decade is that national policymakers are not responsive to the positions and proposals which child care advocates have promoted. A brief description of the policy process and of the policy actors may serve to point up directions and strategies for future child care advocacy.

The Policy Process

The policy process involves advocacy at a number of levels: initiation of legislation, providing information and advisement, giving formal testimony at hearings, engaging in informal discussions, mounting letter writing or telephone campaigns, and participating in advocacy committees to implement legislative mandates.

Persons who want to influence the direction of child care can be active at all or any of the steps in this process. If passage of child care legislation is to be achieved, the first step is for individuals or groups advocating a particular option to find a politician to be initiator of a proposal and then the advocates must amass general rational support. Occasionally, a politician will initiate legislation because of a special, personal interest. For example, in the 1960's,

President Johnson was instrumental in the Headstart and Title I legislation, because he believed in education as a means to break the poverty cycle. It must be realized that politicians seldom initiate legislation which does not seem to reflect the mood of constituents. Therefore, to influence policy at the initiation level, advocates of a particular position must demonstrate a broad range of support, making the policy seem one which the public sees as in their range of interest.

Responses to any national proposal should be sought from constituents throughout the country and group representatives should maintain personal contact with legislators. By closely monitoring the bills' progress, an alert can be sent when response is most needed. Of special concern are amendments that might be added at a late stage which might change the intent of the bill.

If the bill becomes law, representatives of groups who worked for passage of the bill may be asked to assist in the implementation phase. It is essential that advocates continue to monitor any implementation phase, especially if the bill allocates extensive regulation measures and implementation decisions to an agency.

In the policy process, control/scope/quality assumptions are influential at every stage. The position of proponents and opponents of specific legislation can be analyzed on the value continua. This analysis can be used to identify the groups with which coalition can be sought,

to pinpoint underlying value conflicts with other groups, and to determine compromise positions which might be offered to increase the likelihood of a broader base of support.

Advocates must realize what the control/scope/quality value positions are which influence policy makers and must directly address these positions with comprehensive data. At the same time, they must realize that information alone does not change value positioning. Therefore, they must also review alternative directions, evaluate the ramifications if the alternative policy is passed, and determine areas of compromise. They must also be prepared with "fall back" positions, so that if amendments or compromises are made, their priority sections might still be preserved.

Only recently have groups interested in influencing child care policy begun a concerted and sustained effort to gain or negate long term public involvement and commitment to child care. Coalitions of groups interested in child care, not only to meet adult and societal needs, but also to meet children's needs, can be a major influence on child care policy in the 80's. Other groups, opposed to child care assistance will also be major counteractive forces during this decade.

Policy Actors

Greenblatt states, "Within the policy arena, preschool age children stand mute - unable to express their interests, families silent -

unaware of possible claims or unwilling to articulate them, and neither organized in their own right. Representation, if any, has been provided by surrogates, either established by tradition (kin, ecclesiastic spokesmen) by law (family court, judges, social workers, etc.), or by self selection (volunteers, philanthropists)." (p. 225)

In earlier periods of the nation's history, the major child advocates, were wealthy women who did not seek legislation or public support, but who instead established philanthropic programs. There was no need to lobby for support, regulations or standards. No professional group, other than the clergy, was involved in policy decisions. Neither parents nor children directly influenced government policy.

Upper income women continue to influence child care policy; however, a variety of other interest groups - some well organized, some not - also seek to influence government involvement in child care. Many of these groups organized for different purposes, but now find child care to be a crucial area of interest; others were concerned with child care policy since their inception, even though originally they were geared more toward the dissemination of information rather than lobbying.

In earlier times, advocates directly initiated child care programs. Now advocates must focus much of their attention on attempting to affect legislation or impact on public agencies. There are existing laws, regulations, and standards which must be reconciled with new

policy decisions. Professional groups in health, social services, education and mental health have proliferated. Individual action to influence policy is seldom possible because access to policymakers is limited. Group action, which requires group consensus and discipline, is usually essential. With the exception of a few parents who are briefly drawn together when a loss of services is threatened, parents and children still do not have much influence on policy decisions. This may be due to the fact that parents, collectively, do not even acknowledge that child care should be a public issue; parents have not demanded a national commitment for assistance with this responsibility.

In the absence of a clear voice from families and from children, the field is open to many surrogate voices. They can be categorized as (1) governmental policymakers, (2) child and family related professional groups, (3) other organized groups, (4) child care providers, (5) high status citizens, (6) human service groups, (7) research-oriented experts, and (8) consumer advocates.

1. Governmental policymakers include those in governmental positions who develop and effect legislation touching families and children. This includes the President, Congress, and Judiciary at the national level and their counterparts at state and local levels, as well as directors of governmental departments or agencies. Politically,

the goal is often to develop policy which can be agreed upon by as many groups as possible, especially those holding power positions. While some politicians are sincerely interested in child care policy, most are concerned about these issues primarily in relation to perceptions of the strength of advocacy groups who have interest in these issues. Because politicians must initiate and sponsor child care legislation, their perceptions of the interests in child care issues are crucial to the policy process. The Judiciary's role is an interpretive one, usually leaning toward the rights of parents rather than children's rights.

The directors of agencies located within the national governments (Departments of Social Welfare, Education, Health, etc.) and their subordinates also make many policy decisions because the development and implementation of rules and regulations are tasks of these agencies. In many cases, the law allows for a variety of interpretations and this substantially affects the actual care. For example, state determination of whether Title XX or Title IV A will fund day care affects the type of care affordable by welfare recipients. Agencies must operate within the guidelines of legislation. Using day care to get mothers off welfare has meant that eligibility priority for day care money goes to welfare recipients who work or who are in training for work,

rather than to families with problems such as child abuse.

2. Professional organizations are becoming increasingly active in influencing child care policy. These include groups having a prime purpose of influencing policy (such as the Children's Defense Fund), groups with both informational and policy influencing goals (such as the Day Care and Child Development Council), and groups with a wide range of professional goals, including child care advocacy (such as the National Association for the Education of Young Children). Other professional groups (such as the American Federation of Teachers) are concerned with child care policy insofar as these policies may affect their profession. Professionals in the social work, health and mental health fields are also vocal on child care policy issues.

   Most professional groups support some version of federal support for child care, but differ on the type of support, the level of support and the plan for control of funds. This has been a crucial problem affecting the strength of their influence on governmental policymakers. When professionals differ greatly on recommended policy, legislators grow impatient and avoid promoting child care support of any kind.

3. Other organized groups, vocal on national child care policy,

are those who view child care issues as impinging on their economic wellbeing or on their value assumptions. For example, representatives of the Catholic Church oppose national day care funding unless funds are also available to religious institutions (for an account of their past opposition to day care funding, see Greenblatt, 1977). Similarly, religious opposition from fundamentalist groups and other conservative organizations contributed to Nixon's veto of Comprehensive Child Care Bill. These "traditional value guardians" are consistently opposed to any policy which would affect the traditional family structure (father supporting family, mother at home with children). Even though evidence indicates such a family structure is disappearing, they are active in resisting any change perceived as increasing the dissolution of this structure. Although a major present advocacy issue of the traditional value guardians is to reduce abortion choice, it is their policy stance to oppose any program which moves away from perceived traditional family values, i.e., to assist working women with non-familial child care or "children's rights" legislation.

Whether the traditional value guardians would support greater national financial assistance to families is unknown; however, legislation allowing a subsidy for each child in a

family, or providing other "no strings" support for families might be supported. The 1980 White House Conference on Families is expected to have strong representation from this opposition front and the recommendations for legislation from this conference reflect the traditional value viewpoint. Groups which have advocated increased federal involvement in child care support have also been active in expressing their views and also promoted their positions at the White House Conference. For example, Women's rights groups, such as NOW, are supportive of comprehensive legislation for child care as an aid to furthering women's choices. Labor unions are also voicing concern as women begin to take stronger advocacy positions within the union structure (Jordan, 1977).

Government policymakers' perception of the depth and range of national support for the positions of these vocal opposing forces is crucial to their influence. If they are seen as extreme "fringe" groups, their influence is limited. If seen as expressing "mainstream" opinion, their influence can be great.

4. Providers of child care are increasingly vocal in child care decision making. Through an organized effort or as separate

individuals, directors of proprietary centers and private family day care home providers are addressing features of legislative proposals or regulations they feel would be helpful or harmful to their economic interests and their programs. Similarly, providers of presently federally supported child care are vocal in support of comprehensive programming and regulation, expansion of federal support, and of community and parental control over programs. During the years when active public support is lacking, proprietary programs grow to meet market demand. Therefore, if direct public programs are delayed the force of proprietary program providers will continue to grow.

5. High status citizens continue to be involved in child care policy. Some are upper income women who have social contacts with politicians. By having direct access to policymakers, they can exert some influence over the direction of child care policy. Other high status citizens exerting influence are physicians, university professors, psychologists or others whose opinions are sought to provide information during legislative or regulatory policy formation. These groups are less visible because most of their influence is informal or individualized. They are most likely to affect the type of care or care quality level once a general support policy has been proposed.

6. Citizens' advocacy groups concerned with human services, such as the Child Welfare League, are also involved in influencing child care policy. They see child care as one service necessary to family welfare or human services in a broader sense, and so work on attempting to influence legislation. Many of these groups (such as the Michigan League for Human Services) operate at state levels rather than at the national level. Their concerns are often focused toward the poor or problem family and they have served often as "watchdogs" when reduction in service to the poor is jeopardized.

7. Research- oriented experts have been increasingly active. This policy is influenced by disseminating information which describes present conditions, points out needs, clarifies policy processes, or predicts consequences of policies. This approach to policy influence attempts to present facts which can give direction for decision making. Two major problems with these "facts" occur, even when the data has been collected according to accepted research standards. One is that the same facts can be used to support very different policy directions. For example, research showing infants from poor or problem families may benefit by group care in centers can be used to justify promoting infant

group care or be used to advocate promoting family home day care which includes certain center care components. The second problem is that much data is inconsistent, conflicting, or unclear so that advocates of already firm positions may select the studies which have support for their positions and ignore others. For example, although a number of studies report no harm to basic infant-mother attachment from group care, one study which reports potential harmful effects was cited in Congress when day care support legislation was introduced. In collecting and evaluating data pertinent to economic issues related to national support for day care, research-oriented experts have been especially prominent. For example, studies of present utilization of non-familial care and statistics on number of families taking tax credit for child care are used to support the view that national financial support should not be increased. Haskins (1979), cites data indicating that half of the nation's parents elect child care provided in the child's own home, and that, therefore, parents prefer informal care by relatives. Similarly, Larson (1975) states that because there is currently no shortage of market-inspired care space and that evidence of child benefits are insufficient to warrant national support of an extensive care system. Shifron (1974) cites data indicating that

subsidizing day care does not redistribute income and that, therefore, the need for public involvement is questionable. In general, these economic types of reports use cost effectiveness data, marketing data and "parent choice of care" data to support the view that there is no need for expansion of child care support. They are based on the view that existing patterns give evidence that parents would continue to prefer present options even if a system of expanded options were realistically available. (For discussions of these issues, see Larson, 1975). These reports also discuss issues related to cost/quality level; that is, what type of care is nationally affordable, and to possible effects of public supported day care on the proprietary day care industry.

To support national commitment to provision of child care, other experts cite data on numbers of working mothers of preschool children (Roby, 1973) and reports of the poor quality of proprietary care centers. Predictions based on the continuing increase in number of working mothers (from 9% in the labor force in 1940, to 49% in 1976) are used to point to a need for expansion of national support. The care advocates predict

6.6 million working mothers with children under 5 by 1985, as compared with 5.4 million in 1976 (U. S. Department of Labor, 1977). They also cite current evidence examining the type and quality of programs available as support for the need for national responsibility and control. For example, Keyserling (1972) reports a study which rated 49% of proprietary centers as "bad" and only 15% as "good". If experts use quality of care as one criteria in determining need, then national financial support and regulation is usually promoted. If need is defined on basis of available space, no matter what the quality, then no national involvement may be recommended. Comment of Ginsburg (quoted in Hymes, 1978) reflects this problem of determining need. "The problem isn't the shortage of facilities -- it is the shortage of good facilities..." (p. 24) Morgan (1977) indicates that there are those "who see the need for day care as the difference between the number of children of working mothers and the number of children in formal day care arrangements, versus those who look at the data on what working parents are doing with their children and conclude that no new day care is needed. Obviously the truth lies between these two extremes." (p. 25)

In the face of the highly organized opposition to national child care programs, many research expert advocates of direct comprehensive child care are tempering their suggestions to "modest proposals". (Zigler, 1977) Instead they advocate a series of separate, smaller scale measures such as after school child care by public schools, upgrading of existing family day care, providing options for mothers to stay home with infants or have infant day care, funding child care through vouchers or tax credit, minimum standards monitored by parents, and development of referral systems on the child care market.

Research experts often collect data for activist groups to use. Their impact depends on the groups which read and act on their publications.

8. Consumer groups of citizens have potential for influencing decisions. However, their voices are usually heard only during brief emergency periods, rather than as sustained commentators. Welfare mothers do not generally attempt to influence broad child care policy decisions. Similarly, minority groups do not focus their attention on child care as a priority item. Most middle-class working women remain silent on what their needs might be for child care support. The reasons for their lack of voiced concerns may be due to lack of experience in lobbying or perception of themselves as having little influence on decisions.

Whether these groups will mobilize to voice an opinion concerning the direction child care policy should take is unclear.

Consumer groups, together with citizen, professional, and provider groups might be welded into a strong and extensive child care advocacy group. However, given the diversity of opinions regarding the appropriate direction for national child care policy, this coalition is not yet firmly established. The work of the 80's may be toward establishing a coalition of this type. If this type of coalition is to be effective, it will probably have to be initiated by other policy actors rather than parents, most of whom still see their child care needs as individual family problems rather than needs the government should address.

One recent attempt to unite diverse supporters of day care has been that of the National Campaign for Child Day Care for Working Families. In early 1980, they developed a "platform statement" signed by persons from a variety of professional, provider and consumer groups. The purposes of the campaign are to draw attention to the need for day care and to develop a policy statement agreeable to a wide variety of groups which is "free of the rhetoric that has caused the average American to fear child day care and its effects on the family" (June, 1980 statement). The statement stresses the value of day care as

contributing to the productive work force, as increasing family self sufficiency and economic viability, and as extending rather than supplanting the family's care.

The group is presently engaged in soliciting support for the platform from professional, provider, and consumer groups.

As long as financial resources are not allocated to child care as a national priority item, a type of "universal" system is unlikely to be developed.

Child Care Policy: Short and Long Range Conclusions

Priority shifting to children's needs seems unlikely in the near future. What is more likely is that the present patchwork, temporary and inconsistent approach will continue for at least the first half of this decade. Trends presently appear to be toward "hold the line" or even retrenchment approaches. For example, revisions proposed for Title XX in 1979 will add a ceiling to training funds and will cause numerous state training programs to be cancelled.

However, the present indirect tax credit approaches could be extended as more parents take advantage of the option. Day care provisions for welfare recipients could remain at present levels, or eligibility criteria could be further narrowed while Congress is in a budget restraint mood. Because of their popularity, Headstart and Title I preschools, could probably

continue at levels similar to present ones. Public schools could become increasingly involved, as a partial response to declining enrollments and empty school facilities.

If either war or depression occur, it may be that provision of day care for children could again become extensive. This was the national response during the 30's and 40's. This type of direct provision of day care services could, probably, continue to be based on reasons related to adult and societal need: employment or defense. At the end of the crisis period, however, the time for a reckoning with a national policy toward comprehensive family support and/or comprehensive child care could occur.

Even if no national crisis period occurs, as more data is amassed on the cost effectiveness of day care and preschool programs a new buildup of interest in children's programs may develop, which could also lead to a new thrust toward comprehensive family support and/or comprehensive child care. This position should be based on children's needs as well as on societal need. Whether the focus on children's needs will become stronger will depend both on the data amassed, giving evidence of beneficial effects of child care, and on the active coalition of groups who are concerned with providing children with maximal quality care and parents with alternative care arrangements.

Because of the present political strength of the "traditional value guardians", programs assisting children may suffer until this group's pressure on politicians lessens.

During the nation's history, child care policy has focused on families (usually headed by women) in economic need or otherwise "not normal." Child care has been seen as a "necessary evil," essential to meeting adult or societal needs and promoted as a temporary expedient which, at some future time, would erase itself. Within the last decade, child care is becoming an issue for many more families. As "the family" itself leaves the traditional mode, national policy must come to grips with the issue of social parenthood. Child care policy decisions of the 80's will be influenced by the underlying value assumptions of American society, which still characterize the mother as the child care provider. National action has moved to a definite, if uneasy trend, toward social parenthood. The value position stated rhetorically and held as part of the national belief system is that the family, and most especially the mother, has this reponsibility; indeed, that it is subversive for the state to take this reponsibility and the nation is in the ambivalent position of espousing familial parenthood

parenthood, while moving increasingly toward social parenthood. At the present time, those groups most threatened by the evidence of a necessary social parenthood, are extremely strong and vocal. It is possible that they will succeed, in the short term, in turning back the movement toward social parenthood. If they do, it will be hard for those families with genuine need for child care assistance: welfare mothers, working poor families, teenage parents, single parents, and middle class working mothers.

It is more likely, however, that the nation will continue with one foot in each camp for a while. Advocates for child care could then continue to try for small gains specifically for identified problem groups who do not fit the traditional family stereotype. As more and more families fall into the "non-normal" category, the weight of public opinion could fall to the side of social parenthood with the state at least a joint partner with the family.

Then the nation may be ready to move to a long term sustained commitment to responsibility for child care. The character of that commitment, indirect through family support, direct child care provision, or both, will depend on those groups who are active in influencing child care policy during the decade ahead. The challenge is great, but the opportunity for a national commitment to children and families is also evident.

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